

Combating Auto Insurance Fraud

Insurance fraud, simply put, is lying to an insurance company to get money. There are several types of auto insurance fraud:

- “Padding” a claim, faking an injury or giving other false information following a “real” accident.
- Filing multiple claims on a single accident.
- Filing a claim on an auto accident that never happened – sometimes called a “ghost hit and run” or “paper accident.”
- Falsely claiming to be a passenger in a car during an accident and filing an injury claim. This is called a “jump-in” accident.
- Staging an accident with an accomplice or accomplices.
- Deliberately causing an accident involving an innocent driver. Some variations are:
 - The “T-bone” accident, where the crooks wait at an intersection to hit the target car from the side. “Witnesses” are standing by to swear the victim ran a stop sign or red light.
 - The “swoop and squat” or “stop and squat” where the perpetrators deliberately cause a rear-end collision.



You can help combat auto fraud by taking these actions:

- ✓ Avoid being a target — don’t tailgate and keep your vehicle from drifting into another lane, especially when there are two left-turning lanes.
- ✓ Stay alert at intersections.
- ✓ Don’t signal you have insurance by putting an insurance company decal or sticker on your car.
- ✓ Contact the police if you are involved in an accident even if it’s minor.
- ✓ Write down detailed information including names and addresses of those involved, license numbers, insurance company information, and the *number* of passengers in the other cars.
- ✓ Call your insurance company immediately if you are involved in an accident.
- ✓ Report any attempts to involve you in a scam.
- ✓ Contact the police if you witness an accident.

Division of Insurance Fraud Investigation Kentucky Department of Insurance



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Information you should gather after an accident

Date & time of the accident _____ Location _____

Police dept. responding _____ Officer's name & phone # _____

Case number _____ Tickets issued _____

OWNER & DRIVER OF OTHER VEHICLE

Owner of vehicle: _____

Address _____

Phone # _____

Insurance company _____

Policy # _____

Agent's name _____

Vehicle year, make & model _____

Vehicle ID _____

License plate #: _____

Driver of vehicle: _____

Address _____

Phone # _____

Driver's license #: _____

Injuries _____

Insurance company _____

Policy # _____

Agent's name _____

PASSENGERS

Number of passengers in other vehicle: _____

Passenger (other vehicle): _____

Address _____

Phone # _____

Injuries _____

Passenger (your vehicle): _____

Address _____

Phone # _____

Injuries _____

Passenger (other vehicle): _____

Address _____

Phone # _____

Injuries _____

Passenger (your vehicle): _____

Address _____

Phone # _____

Injuries _____

Passenger (other vehicle): _____

Address _____

Phone # _____

Injuries _____

Passenger (your vehicle): _____

Address _____

Phone # _____

Injuries _____

INDEPENDENT WITNESSES

Witness: _____

Address _____

Phone # _____

Witness: _____

Address _____

Phone # _____